Advance Care Planning

Values Worksheet for Advance Care Planning

Think about these questions before you prepare your advance directive. They are also good topics to discuss with your loved ones, health care providers and spokesperson.

• How important are these items to you?	Not Important			Very Important		
Preserve my quality of life	0	1	2	3	4	
Be independent	0	1	2	3	4	
Be alert and competent	0	1	2	3	4	
Be able to relate to family and friends	0	1	2	3	4	
Be comfortable and as pain-free as possible	0	1	2	3	4	
Leave good memories for family and friends	0	1	2	3	4	
Leave money to family, friends or charity	0	1	2	3	4	
Let nature take its course	0	1	2	3	4	
Die in a short time rather than lingering	0	1	2	3	4	
Live as long as possible, no matter the quality of life	0	1	2	3	4	
Stay true to my spiritual beliefs and traditions	0	1	2	3	4	
Help with medical research or teaching	0	1	2	3	4	
Do you want to take part in making decisions about you treatment?	r care a	nd		□ Yes	□ No	
 Do you always want to know the truth about your condi 	tion?			□ Yes	□ No	
Do you want your finances taken into account when treatment decisions are being made?				□ Yes	□ No	
• How do you feel about using life-sustaining measures in terminal illness? Do you have strong feelings about cert treatments (such as mechanical breathing, CPR, feeding dialysis, intensive care, chemo or radiation therapy)?	ain med	lical				
Would you want to avoid certain treatments only if deat	h was c	ortain?		☐ Yes	□ No	
 Would you want to avoid certain treatments only it death was certain: Would you want certain treatments if used to prolong the dying process? 				☐ Yes	□ No	
Would you accept certain treatments to lessen pain?				☐ Yes	□ No	
Would you accept certain treatments to lessen pain:What will be important to you when you are dying?				☐ Yes	□ No	
 Would you prefer at-home hospice care or would you pr 	rafar ta l	na in a h	nosnit	al?		
Do you want to be an organ donor?			iospit	□ Yes	□ No	